

<i>SERFF Tracking Number:</i>	<i>AOIC-125420669</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Auto-Owners Insurance Company, ...</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>DV6-AR-99-01/09/2008-55397</i>		
<i>TOI:</i>	<i>17.0 Other Liability - Claims Made/Occurrence</i>	<i>Sub-TOI:</i>	<i>17.0001 Commercial General Liability</i>
<i>Product Name:</i>	<i>General Liability</i>		
<i>Project Name/Number:</i>	<i>DV6/55397</i>		

Filing at a Glance

Companies: Auto-Owners Insurance Company, Owners Insurance Company

Product Name: General Liability	SERFF Tr Num: AOIC-125420669	State: Arkansas
TOI: 17.0 Other Liability - Claims Made/Occurrence	SERFF Status: Closed	State Tr Num: EFT \$50

Sub-TOI: 17.0001 Commercial General Liability	Co Tr Num: DV6-AR-99-01/09/2008-55397	State Status: Fees received
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Filing Type: Form	Co Status: Approved	Reviewer(s): Betty Montesi, Edith Roberts, Brittany Yielding
	Authors: Claudia Stewart, Sarah Franklin	Disposition Date: 02/04/2008
	Date Submitted: 01/08/2008	Disposition Status: Approved

Effective Date Requested (New): On Approval	Effective Date (New):
Effective Date Requested (Renewal): On Approval	Effective Date (Renewal):
State Filing Description:	

General Information

Project Name: DV6	Status of Filing in Domicile:
Project Number: 55397	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/04/2008	
State Status Changed: 01/08/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
Form Attaches To:	
Liquor Liability Coverage Form	
Use: Excludes bodily injury arising out of or resulting from the transmission of any communicable disease by any insured. Applicable to liquor liability coverage part only.	
Revisions to the form include:	

SERFF Tracking Number: AOIC-125420669 State: Arkansas
First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: DV6-AR-99-01/09/2008-55397
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: DV6/55397

Initial Filing

Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after February 08, 2008. Forms are submitted in final printed copy.

If you have any questions, please feel free to contact one of the following:

Manager:

HEARD G. SLADE, MANAGER
TAILORED PROTECTION POLICY UNDERWRITING-SOUTH
SLADE.HEARD@AOINS.COM (emails without attachments)
commmlinesund@aoins.net (emails with attachments)
517-323-1477

Underwriter:

TINA LITTLE
LITTLE.TINA@AOINS.COM
(517) 323-1422

Company and Contact

Filing Contact Information

Heard Slade, Manager
PO Box 30660
Lansing, MI 48909-8160
slade.heard@aoins.com
(800) 346-0346 [Phone]
(517) 391-1903[FAX]

Filing Company Information

Auto-Owners Insurance Company	CoCode: 18988	State of Domicile: Michigan
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 38-0315280	

Owners Insurance Company	CoCode: 32700	State of Domicile: Ohio
P.O. Box 30660	Group Code: 280	Company Type: PC
Lansing, MI 48909-8160	Group Name: Auto-Owners Ins Group	State ID Number:
(800) 346-0346 ext. [Phone]	FEIN Number: 34-1172650	

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TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	General Liability		
Project Name/Number:	DV6/55397		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00 PER FILING
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Auto-Owners Insurance Company	\$50.00	01/08/2008	17395372
Owners Insurance Company	\$0.00	01/08/2008	

SERFF Tracking Number:	AOIC-125420669	State:	Arkansas
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Company Tracking Number:	DV6-AR-99-01/09/2008-55397		
TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	General Liability		
Project Name/Number:	DV6/55397		

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Edith Roberts	02/04/2008	02/04/2008

SERFF Tracking Number:	AOIC-125420669	State:	Arkansas
First Filing Company:	Auto-Owners Insurance Company, ...	State Tracking Number:	EFT \$50
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TOI:	17.0 Other Liability - Claims Made/Occurrence	Sub-TOI:	17.0001 Commercial General Liability
Product Name:	General Liability		
Project Name/Number:	DV6/55397		

Disposition

Disposition Date: 02/04/2008

Effective Date (New):

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

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<i>Product Name:</i>	<i>General Liability</i>		
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Communicale Disease Exclusion	Approved	Yes

SERFF Tracking Number: AOIC-125420669 State: Arkansas

First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50

Company Tracking Number: DV6-AR-99-01/09/2008-55397

TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability

Product Name: General Liability

Project Name/Number: DV6/55397

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Communicale Disease Exclusion	55397	10-07	Endorseme New nt/Amendm ent/Condi tions		48.80	55397 _10-07_.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMMUNICABLE DISEASE EXCLUSION

This endorsement modifies insurance provided under the following:

LIQUOR LIABILITY COVERAGE PART.

Under **SECTION I - LIQUOR LIABILITY COVERAGE, 2. Exclusions**, the following exclusion is added:

Communicable Disease

Bodily injury arising out of or resulting from the transmission of any communicable disease by any **insured**.

<i>SERFF Tracking Number:</i>	<i>AOIC-125420669</i>	<i>State:</i>	<i>Arkansas</i>
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Rate Information

Rate data does NOT apply to filing.

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First Filing Company: Auto-Owners Insurance Company, ... State Tracking Number: EFT \$50
Company Tracking Number: DV6-AR-99-01/09/2008-55397
TOI: 17.0 Other Liability - Claims Made/Occurrence Sub-TOI: 17.0001 Commercial General Liability
Product Name: General Liability
Project Name/Number: DV6/55397

Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status: Approved 02/04/2008

Comments:

Attachment:

55397 Transmittal.pdf

Property & Casualty Transmittal Document (Revised 1/1/08)

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use Only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 50%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr><td colspan="2">h. Subject Codes</td></tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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g. SERFF Filing #:																					
h. Subject Codes																					

3.	Group Name	Group NAIC #
	AUTO-OWNERS INSURANCE GROUP COMPANY	280

4. Company Name(s)	Domicile	NAIC #	FEIN #
AUTO-OWNERS INSURANCE COMPANY	Michigan	280-18988	38-0315280
OWNERS INSURANCE COMPANY	Ohio	280-32700	34-1172650

5.	Company Tracking Number
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Contact Info for Filer(s) or Corporate Officer(s) [include toll-free number]			
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6.	Name and address	Telephone #s	FAX #	E-mail
	Heard G. Slade, Manager P.O. Box 30660 Lansing, MI 48909-8160	517-323-1477 800-346-0346 Ext. 1477	(517) 391-1903	SLADE.HEARD@AOINS.COM

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Heard G. Slade

Filing Information (see general instructions for descriptions of these fields)

9. Type of Insurance (TOI)	17.0000 Other Liability
10. Sub-Type of Insurance (Sub-TOI)	17.0001 Commercial General Liability
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]	
12. Company Program Title (Marketing Title)	General Liability
13. Filing Type	FORM
14. Effective Date(s) Requested	February 08, 2008
15. Reference Filing?	No
16. Reference Organization (if applicable)	
17. Reference Organization #	
18. Company's Date of Filing	January 09, 2008
19. Status of filing in domicile	Michigan- Exempt

Property and Casualty Transmittal Document-

20.	This filing transmittal is part of Company Tracking :	
21.	Filing Description [This area should be similar to the body of a cover letter and is free-form text]	
<p>FORM FILING: 55397 (10-07) - Communicable Disease Exclusion</p> <p>Form Attaches To: Liquor Liability Coverage Form</p> <p>Use: Excludes bodily injury arising out of or resulting from the transmission of any communicable disease by any insured. Applicable to liquor liability coverage part only.</p> <p>Revisions to the form include: Initial Filing</p> <p>Submitted for your approval is the above-referenced form. We desire to use this form with policies effective on or after February 08, 2008. Forms are submitted in final printed copy.</p> <p>If you have any questions, please feel free to contact one of the following:</p> <p>Manager: HEARD G. SLADE, MANAGER TAILORED PROTECTION POLICY UNDERWRITING-SOUTH SLADE.HEARD@AOINS.COM (emails without attachments) commmlinesund@aoins.net (emails with attachments) 517-323-1477</p> <p>Underwriter: TINA LITTLE LITTLE.TINA@AOINS.COM (517) 323-1422</p>		

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<p>Check #:</p> <p>Amount:</p> <p>Calculation:</p> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fee</p>	

***Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

Ed. 01/05

This form must be provided ONLY when making a filing that includes forms

(Do NOT refer to the body of the filing for the forms listing.)

This page applies to the following state(s) Arkansas

1.	This filing transmittal is part of Company Tracking #	
2.	This filing corresponds to rate/rule filing number	

3.	Form Name/ Description/Synopsis	Form # Include edition date	Replacement Or withdrawn?	If replacement, give form # it replaces	Previous State Filing Number, if required by state
01	Communicable Disease Exclusion	55397 (10-07)	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input checked="" type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
03			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
04			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
05			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a form filing must include the following:

1. A completed Form Filing Schedule Document (PC FFS-1) **(Do not refer to the body of the filing for the forms listing.)** and,
2. A completed Property and Casualty Transmittal Document (PC TD-1), and
3. One copy of each form to be reviewed for the reviewer's records, and
4. One copy of any other components/exhibits submitted with the filing, and
5. The appropriate state Review Requirements, if required, and
6. The appropriate filing fees, if required, and
7. A postage-paid, self-addressed envelope large enough to accommodate the return.
8. You should refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)